		PART B	- FEE(S) TR	ANSMITTAL	•			
Complete and send to	his jorm, together wit	th applicable fo	ee(s), to: <u>Mail</u>		oner for Pa 450 a, Virginia	E tents 22313-1450		
(	E/	'' d 10011	or <u>Fax</u>	(703) 746-4	000	21 1 1 1 1 5		
appropriate. In further co- indicated unless maintenance fee normality	rm should be used for tran transpondence including the blow or directed otherwise hs.	Patent, advance order in Block 1, by (a)	E FEE and PUBL lers and notification specifying a new	on of maintenance correspondence	(if required). e fees will be address; and/o	mailed to the current (b) indicating a se	should be completed where nt correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  08791 7590 06/24/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD SEVENTH FLOOR LOS ANGELES, CA 90025-1030					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
09/29/2005 WABDELR3 00000036 09752879				T/J.	DELGAD	0	(Depositor's name)	
01 FC:1501 1400.00 0P 02 FC:1504 300.00 0P					9	126/05	(Signature)	
APPLICATION NO.	FILING DATE	1	FIRST NAMED INV	ENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
09/752,879 12/28/2000 Aditya Mukher				jee	•	42390P9572X	9416	
TITLE OF INVENTION: P	ARTIALLY DISTRIBUTEI	CONTROL MEC	HANISM FOR SC	ANOUT INCORI	PORATING F	LEXIBLE DEBUG	TRIGGERING	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FE	E T	OTAL FEE(S) DUE	DATE DUE	
.nonprovisional	NO	\$1400		\$300		\$1700	09/26/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	S			
LAMARRE, GUY J		2133		714-724000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BLAKELY, SOKOLOFF,  TAYLOR & ZAFMAN LLP					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (prin	t or type)				
						identified below, the	document has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the patent)	: 🗖 Individual	XX Corpora	tion or other private g	group entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
Issue Fee XXXA check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.								
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Authorized Signature		Date		26/2005				
Typed or printed name EDWIN H. TAYLOR				Regi	stration No	25,129		
Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT for reducing this burden, slinia 22313-1450. DO NOT 1450. tion Act of 1995, no persons						and by the USPTO to process) ling gathering, preparing, and time you require to complete spartment of Commerce, P.O. or for Patents, P.O. Box 1450,	
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